

lad became unconscious, and was attacked with paroxysms of general convulsions which lasted from one to many minutes. The dark colour of the skin immediately surrounding the abscess at first disappeared, and a paleness extended itself over the entire cheek; the pupils of the eyes dilated, the patient became restless, and paroxysms of convulsions ensued. The relator of this case supposes that the irritation caused by the opening of the abscess was immediately reflected upon the arteries of the brain, causing a spasmodic contraction of them, and thus producing a general anæmia of the encephalon, of which the unconsciousness and the convulsive paroxysms were the result. It is worthy of remark that the patient was of an eminently excitable temperament, and had suffered from repeated nervous attacks.—*Ibid.*, No. 9, 1868.

D. F. C.

24. *Sudden Death occurring during Convalescence from Typhus Fever.*—Dr. F. SEUNIG relates (*Wiener Med. Presse*, 1868, No. 50), a case of sudden death in an unmarried female, 20 years of age, on the 29th day of the disease; in another case also in an unmarried female, 27 years old, it took place on the 22d day of the disease. In both, death occurred without any premonition and without any appreciable exciting cause. In these cases, on examination after death it was found that an extravasation of blood had taken place within the cavity of the spine at the lumbar region, consequently it was to meningeal spinal apoplexy that the sudden occurrence of death is to be attributed.—*Centralblatt f. d. Medicin. Wissenschaft*, No. 9, 1868.

D. F. C.

25. *Hypertrophy of Left Side of Face, probably from an Injury inflicted on the Fœtus in Utero.*—This case is related by Dr. PASSAUER in *Virchow's Arch.*, xxxvii. p. 410. It occurred in a boy 11 years old. When pregnant with him his mother was crushed against a wall by a loaded wagon, and experienced, in consequence, a severe pain in her abdomen, which continued for a long time afterwards. She was delivered at the normal period of a boy without mark or deformity. The child grew up a sufficiently large, robust, and well-nourished lad, with a normal conformation of skull. The face, however, commenced during infancy to acquire a high degree of deformity in consequence of a gradually increasing enlargement of its left half. The enlargement was not confined simply to the soft parts of the face, but involved, also, the left half of the tongue, the left facial bones, and the teeth of the left portion of the jaws. The lad's speech was but slightly affected; his intellectual faculties were well developed. No distorted or grotesque movements of the hypertrophied muscles was observable.—*Vierteljahrsschrift f. d. Prakt. Heilk.*, No. xxv., 1868.

D. F. C.

26. *Recurrence at Regular Periods of Epidemics of Certain Diseases.*—R. FORSTER has made a series of observations in reference to this point upon the epidemics that have occurred in the city of Dresden. (*Jahrb. f. Kinderheilkunde*, N. F. 1-121). There occurred during the course of the last thirty-three years, four severe epidemics of variola, after nearly regular intervals of from seven to eight years. This periodicity was probably due in part to the fact that at the termination of the period just named there takes place in the city a re-accumulation of children not protected from the disease. The epidemics of small-pox in Dresden exhibited a gradual increase and decrease, continuing each time for from seven to twelve months. For a long period afterwards sporadic cases continued to occur. Dr. F. did not observe in the latest occurring epidemics that greater spread and intensity that is reported to have occurred elsewhere. The epidemics prevailed to the greatest extent and severity in the most crowded streets of Dresden, but from no portion of the city was the disease entirely absent. The susceptibility to the disease of unprotected children increased with their age. An increase in the number of cases of varicella did not indicate any connection of the latter with the prevailing epidemic. In instances which occurred of the occasional coincidence of the two diseases in the same family no fact occurred that would seem to prove that one of them had been communicated by the other.

Epidemics of scarlatina exhibited in their recurrence and severity a periodical vibration. A series of very severe epidemics of the disease occurred towards the

end of the last century, and continued to recur until the commencement of the present; another series, distinguished by their malignancy, occurred between the years 1823 and 1837. These severe epidemics recurred at intervals of from five to six years. The majority of the victims were children from three to six years old.

Extensive epidemics of measles recurred after intervals of some forty-one years. They exhibited, however, a less decided periodicity than those of variola, in consequence of the occasional occurrence in the intervals, of slight epidemics of the disease. The continuance of each epidemic visitation lasted about five years. Amid the thickly populated portions of the city simultaneously with measles, cases of variola and scarlatina.

In respect to the occurrence of hooping-cough epidemics no decided cycles were observed, not even to the same extent as was the case in measles.—*Centralblatt f. d. Med. Wissenschaft*, No. 17, 1868. D. F. C.

27. *The Cholera Epidemic of Prague*.—From an account given in the *Prague Journal of Practical Medicine*, vol. 1, 1868, by Drs. PRIBRAM and ROBITSCHKEK, we learn that the entire number of the persons attacked amounted to 2243. The proportion of deaths among the patients treated in the General Hospital was 52.72. During the prevalence of the epidemic in the city, no change was observed in the diseases which occurred in connection with it. The number of those attacked with diarrhoea was no greater preceding the outbreak of the cholera, than in other years at the same season, nor was there observed any unusual tendency in the diseases that occurred to become complicated with an affection of the bowels. Acute diseases, whether occurring during or subsequent to the choleraic epidemic, exhibited no disposition to change in respect to either their frequency or their course; the only exception to this that was observed was in the case of typhus fever and smallpox, both of which maladies immediately after the decline of the epidemic increased in a threefold degree. The ratio of the mortality caused by the cholera, was the highest at the early period of the epidemic; with the decline of the latter it diminished, excepting when a fresh outbreak of the disease occurred, in some new locality. Neither the temperature, the moisture or dryness, the weight, or the electric condition of the atmosphere appeared to exercise any marked influence upon the course of the epidemic, neither did the amount of rain which fell. It is true, nevertheless, that during its continuance copious showers of rain fell, and that the cessation of the disease and the termination of the rainy season took place simultaneously; this, however, can be viewed in no other light than as a mere coincidence. It was further observed that for more than a month preceding the outbreak of the epidemic the tides were very low, but rose to a great height just before the cholera made its appearance. The geological formations of Prague and of the country immediately surrounding it is apparently well adapted to the attraction and propagation of cholera. Among the inhabitants of those streets that are laid out upon an alluvial soil, the basis of which is composed chiefly of a soft, friable slate, the disease prevailed to the greatest extent. Indeed few of the houses built upon a clay foundation entirely escaped the epidemic. In support of the opinion which refers the propagation of cholera from the sick to the well, through the intermedium of the discharges of the former, the following facts are adduced. 1. The epidemic did not break out simultaneously with the entrance into the city of bodies of foreign troops but only after the arrival home to their families of soldiers affected with choleraic symptoms. 2. The first case which occurred among the inhabitants was that of a washerwoman in one of the military hospitals. 3. The next cases occurred in houses where soldiers affected with cholera were quartered. 4. With the sudden increase in the number of such diseased soldiers, quartered upon the people, a similar increase took place in the number of the cholera patients. As the quartering in private houses of sick soldiers diminished, so, also, with equal promptness was the spread of the cholera arrested. 5. In the general hospital the number among the nurses who were attacked amounted to fifty per cent. Those whose duty it was to remove the dejections of the cholera patients were the most frequent victims of the disease.

6. The inhabitants of houses situated near to or along the banks of uncovered drains furnished a proportionately large number of cholera patients. In locali-